DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER WILLOW CROSSING HEALTH & REHABILITATION CENTER WILLOW CROSSING HEALTH & REHABILITATION CENTER STREET ADDRESS, CITY, STATE JP CODE 3506 CENTRAL AVE COLUMBUS, IN 47203 PREPRICE COLUMBUS, IN 47203 RESOLATORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 07/24/12 Facility Number: 100267710 Surveyor: Steve Corya, Life Safety Code Specialist/ICF-IDD Surveyor Supervisor At this Quality Assurance Walk-thru survey, Williow Crossing Health & Rehabilitation Center was found in compliance with 410 IAC 10.2-3-1-19(ff). This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fice aidm system with smoke detectors in all resident rooms. The facility has a capacity of 78 and had a census of 66 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where the residents have customary access were sprinklered. Quellty Review by Robert Bonder. Life Safety Code Specialist-Medical Surveyor no 800/07/12. ABORATION PRESCRIPTION ON INTERPRESENTATIVES SCINATURE TILLE TILLE TILLE THE TOTAL AND TO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	IULTIP LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER (24.10) SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC DESTIFYING INFORMATION) K 000 INITIAL COMMENTS A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 07/24/12 Facility Number: 000572 Provider Number: 155535 AlM number: 100267710 Surveyor: Steve Corya, Life Safety Code SpecialistIOF-IDD Surveyor Supervisor At this Quality Assurance Walk-thru survey, Williow Crossing Health & Rehabilitation Center was found in compliance with 410 IAC 16.23.1-19(ff). This one story facility was determined to be of Type V (111) construction and was fully sprinklened. The facility has a capacity of 78 and had a census of 66 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector overage. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/12.			155535				07/3	07/24/2012
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		Code Specialist-Med	ical Surveyor on 08/07/12.					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONS .DING (STRUCTION 01	(X3) DATE SURVEY COMPLETED			
		155535	B. WIN	G		07/	24/2012		
	OVIDER OR SUPPLIER	REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETION DATE			